



City of Seattle

Department of Planning and Development
Applicant Services Center
700 – 5th Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850

REQUEST TO RENEW or RE-ESTABLISH A PERMIT

(To be filled out by the applicant)

Please renew/re-establish Permit # _____ Project # _____ Expiration Date: _____

Property Address: _____

If original permit was issue before July, 1990, are tenants being relocated or displaced?: ☐ Yes
☐ No What is the issue date of the original permit? _____.

Work started? ☐ Yes ☐ No If yes, at what stage: _____

Is it ready for the next required inspection? ☐ Yes ☐ No

How much work is left to be done? \$ _____ Or _____ %

If work has not started, reason for delay: _____

Scheduled date of completion: _____

Owner/Lessee: _____

Contact Person: _____ Day Phone #: _____

Mailing Address _____

City: _____ State _____ Zip Code: _____

I UNDERSTAND THAT THIS DOES NOT CONSTITUTE A PERMIT

Applicant's signature: _____ Date: _____

Please Print Name: _____

Relationship to the project: Owner ☐ Contractor ☐ Other ☐

(To be filled out by DPD staff)

Kroll Page # _____ Zoning: _____ ECA # _____

Shoreline: Yes ☐ No ☐ Historical/District Landmark: Yes ☐ No ☐

Receipt # _____ Base fee: \$ _____

Date of Receipt _____ Additional fee: \$ _____

Total Received: \$ _____

Address established: ☐ Yes ☐ No

If not, EA form completed on (date): _____ P/S initials: _____

New Project #: _____ New Permit #: _____